

INFORMED CONSENT FOR THE TREATMENT OF FACIAL LINES/WRINKLES WITH **Xeomin®**.

You have the right to be informed about your skin condition & treatment so that you can make the decision whether or not to undergo the procedure after knowing the risks and benefits involved. This information is not meant to alarm you, but to better inform you so that you may give or withhold your consent for the treatment of your cosmetic condition as well as help you formulate additional questions which may not have been covered in consultation

Diagnosis: facial lines and/or wrinkles caused by aging, heredity, gravity, sun damage, muscle action, smoking or other factors: or a desire to sculpt the face by altering the contraction of target muscles. Muscles of facial expression can cause and worsen lines and wrinkles by intentionally making an expression. I request treatment with Xeomin® by 360 MedSpas designated medical licensed professional to treat lines/wrinkles in one, two or all of the following areas: Forehead lines, frown lines and /or crow's feet. The injection of Xeomin® for this purpose has been explained to me and my questions regarding such treatment, its alternatives (such as dermabrasion, chemical peeling, laser resurfacing, dermal filler injections, face-lifting, brow lifting and other surgery, Retin-A, Renova or alpha hydroxy acids) its complications and risks have been answered by the doctor or his/her representative. The information given me has been in clear terms and I understand the risks and complications of the treatments. I understand that the FDA has approved Xeomin® only for the glabellar region and that injection into any area other than the glabellar area is considered off-label use. The treatment plan is to inject a small amount of Xeomin®, a purified neurotoxin produced by the Clostridium bacteria into a targeted facial muscle to intentionally produce or temporary paralysis of that muscle. This results in the relaxation of the muscle and improvement of the lines and wrinkles that the targeted muscle action produced or improved contour of the face. The response is usually seen in 2 to 6 days after injection. It is common for the muscles action along with its associated wrinkles to return in 3 to 6 months. Repeat injections are necessary to maintain its effects. I understand that lines and wrinkles present at first may not improve with treatment with Xeomin® alone, since Xeomin® is designed to treat lines caused by facial muscle action. Although results are frequently dramatic as high as 10% of patients may not respond to these treatments for unknown reasons. I understand that the practice of medicine and surgery is not an exact science and that no guarantees can be or have been made concerning expected results in any case. Repeated sessions may be necessary in certain muscle groups to obtain the desired results. A charge will be made for each treatment session. Larger muscle groups require more Xeomin® and larger charges will be made according to the number of units of Xeomin® used. I may plan for multiple treatment sessions in the future, which are completely at my discretion as to the number, extent or amount. I understand that this is a cosmetic procedure and I will be completely responsible for all charges at the time of treatment. I understand that fewer facial expressions will be possible after my injections with Xeomin®. I understand that I should stay upright and not lie down for 4 hours after injection. I will not massage the injected sites for at least 4 hours. I will contract the injected muscle for 1 hour after injection. Side effects of Xeomin® may include but are limited to headache, bruising, pain during injection, asymmetry, twitching, and numbness in a small number of cases, drooping of the eyelids or eyebrows. The injection may not work for as long or as well as expected. I am not pregnant, nursing or have any neurological diseases. If taking Amino glycoside antibiotics, Penicillin, Quinine: I understand that these medications may potentiate the effect of Xeomin®. I give permission for photographs taken of all treated sites to be used to document the medical record, teaching purposes, illustration of scientific papers or for use in lectures. My name shall not be used in such publications. I agree to follow up with 360 MedSpas at his/her recommended intervals to assess my status to inform him/her of any problem that I may be having and allow him/her to see me at that time. My questions have been fully answered and I have read or have had this document read to me, have not taken any medications which may impair my mental ability, do not feel rushed or under pressure and understand its contents. I hereby give my unrestricted informed consent for this procedure.

Patient Signature _____ **Date:** _____

